



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

**Registration**  
**Amendment**  
☒ **Other**

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 83529-169	2. EPA Product Manager Heather McFarley	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sharda USA LLC / Sharda Imazapic 23.6% SL II; ABN: Propose	PM# 24	
5. Name and Address of Applicant (Include Zip Code)  Sharda USA LLC c/o Wagner Regulatory Associates, Inc. P.O. Box 640, Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name:	

### Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated <u>November 22, 2021</u>
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

### Section - III

1. <b>Material This Product Will Be Packaged In:</b>				2. <b>Type of Container</b>	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
	If "Yes" No. per Unit Packaging wgt. container	If "Yes" No. per Package wgt. container		<input checked="" type="checkbox"/> Plastic	
* <b>Certification must be submitted</b>				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) HDPE lined bags	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 0.25, 1, and 2 gallons, bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

### Section - IV

1. <b>Contact Point</b> (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Annette Marine		Title Agent for Sharda USA LLC		Telephone No. (Include Area Code) (302) 635-7281 (annette.marine@wagnerreg.com)	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received  <div style="text-align: center;">(Stamped)</div>
2. Signature 		3. Title Agent for Sharda USA LLC			
4. Typed Name Annette Marine		5. Date February 10, 2022			